

THE COURAGE TO CHANGE:

Communities to Create Integrated Services for People with Co-Occurring Disorders in the Justice System

Supported by:
The Substance Abuse and Mental Health Services Administration
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For copies of the full report summarized in this publication,
contact the National GAINS Center at 1-800-311-GAIN, or gains@prainc.com

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EXECUTIVE SUMMARY

About 10 million adults each year are booked into U.S. jails.¹ In 1997, about two-thirds of these people belonged to racial or ethnic minorities, most of them poor.² Approximately 700,000 of these 10 million people each year enter the justice system with serious mental disorders and 75 percent of these 700,000 people have co-occurring substance abuse disorders.³ Likewise, a majority are persons of color, who are also poor and have higher risks of physical and sexual abuse.

Each year, over two million youth under the age of 18 are arrested. A million of them will have formal contact with the juvenile justice system, and over 100,000 will eventually be removed from their homes and placed in juvenile detention and correctional facilities. Available research indicates that at least 20 percent of all youths who enter the juvenile justice system experience serious mental disorders, with a much higher percentage experiencing some level of mental health problems.⁴ There is also a growing recognition that many of these youths - nearly 50 to 75 percent - have serious substance abuse problems. Further, the service needs of minority populations with co-occurring disorders, such as adolescent girls and youth of color, are frequently overlooked or misunderstood within the juvenile justice system.

In the past, little attention has been paid to these youth. Much like adults with co-occurring disorders, youth with co-occurring disorders have wandered through service systems and communities unrecognized and misunderstood. Unlike adults who enter the justice system through a criminal arrest, a youth can be brought into the system for status offenses, which are behaviors that would not be considered crimes if committed by someone 16 years of age or older, such as truancy or running away from home.

The lives of both youth and adults with co-occurring mental health and substance abuse disorders are characterized by unproductive cycles of decompensation, disturbance and arrest that cannot be altered by usual interventions. In most places in the United States, mental health, substance abuse and criminal justice systems offer only patchworked, uncoordinated responses. Because so many of these people have serious mental illnesses and substance abuse disorders simultaneously, treatment interventions that deal with only one of their disorders are doomed to fail.

When treatment fails, these people often end up in the system of last resort, the justice system. This system is arguably the least effective place for these people to be. The police, courts and corrections staff often lack even basic knowledge about substance abuse and mental health. Further, they do not have the resources to appropriately respond to these conditions that, if overlooked, are life-threatening.

Despite this bleak picture, there are effective solutions. In fact, there are many exciting innovations around the country where communities have devised more effective ways of working with this population.

Why Integrated Services Are In Everyone's Best Interest

When people with mental illness and substance abuse disorders get treatment, case managers, and housing, the positive effects can be felt by many, including:

The Public

- Reduction in homelessness
- Decrease in family, acquaintance and stranger violence
- Decrease in the use of high-cost, intensive treatment services
- Reduction in public disturbance

Clients

- Creation of user-friendly services
- Reduction of inappropriate detention
- Increase in treatment involvement
- Break in cycle of decompensation - arrest - incarceration

Corrections Managers

- Fewer disruptive detainees
- Fewer detainees
- Reduction in liability

Mental Health/Substance Abuse Professionals

- More client willingness to accept treatment
- Ability to handle more types of clients
- Reduction in client disturbances

"No Wrong Door" Policy for Successful System Integration:

King County (Seattle), Washington

In 1997, the King County Council created the Bureau of Unified Services (BUS) in response to an ordinance calling for a new behavioral health program that combined portions of the existing mental health and alcohol and substance abuse programs.

The purpose of BUS is to promote integration of systems engaged in developing and providing services to persons who are experiencing mental illness and/or chemical dependence/addiction, especially those who are also homeless or at imminent risk of homelessness, and/or individuals with a history of repeated or chronic use of public services providing public care and/or more restrictive environments. The goal of BUS is to create "no wrong door" to the existing service system by making every doorway into the existing "right door" regardless of presenting issues. It supports the sharing of information, planning, clients and resources across the Department of Community and Human Services, Mental Health Division of the Seattle King County Department of Public Health, Division of Alcohol and Substance Abuse Services, and the newly incorporated or "adopted" Department of Adult Detention. A new/adopted BUS coordinator reports to the Commissioner of the Department of Community and Human Services.

One of BUS's major projects for 1998 is to mobilize the Pro Crime Judge Center in collaboration with the new Medical Center. As of July 1998, Harborview was providing a site for a pilot project that integrates mental health and drug and alcohol services. In addition to collecting information about the individuals experiencing mental health and/or substance abuse disorders and the services needed to support their ongoing needs, the pilot project also provides a realistic view of the feasibility of implementing psychiatric hospital diversion for some patients who are currently hospitalized, or wait in the jail for a more effective means of pre-arrest diversion by local law enforcement authorities.

An advisory council meets on a monthly basis to provide input and feedback concerning the system integration priorities of BUS. The council is composed of representatives of key stakeholder groups across a broad range of systems.

These communities have found ways to develop new linkages between mental health, substance abuse and criminal justice systems that, often for the first time, provide appropriate interventions to break the cycles of decompensation and incarceration in these people's lives that repeatedly harm them and the communities in which they live.

When these successful communities were examined,^{5,6} it was found that many of their innovations reflected an investment in the concept of systems integration. The essence of this concept is that people in all three systems recognize the need for a holistic approach to treating each person and that the agencies providing the essential services are willing to share information, money, and clients across systems.

The principles summarized here are resources not only to begin social change, but also to sustain it. The programs that produced these key principles are living examples of how these core ideas can work.

Full elaboration on how these principles and strategies can be used by your communities are available in this executive summary's companion booklet, "The Courage to Change: A Guide for Communities to Create Integrated Services for People with Co-Occurring Disorders in the Justice System."

SUSTAINING SUCCESSFUL PROGRAMS

No systematic research has been conducted to identify why and how some programs for co-occurring disorders in the justice system have successfully survived, while others have faded away after the pilot stage. Despite the lack of formal research, there is guidance from some of these successful programs about the causes of their longevity.

Key survival strategies include:

- Plan for the future from day one
- Gather as much data as possible
- Collect cost data
- Balance political and financial stability
- Market shamelessly
 - Develop a strategic plan with strong vision and mission statements that people can buy into
 - Focus on key stakeholders
 - Involve a diverse array of community providers and representatives in program planning
 - Develop a board/policy forum

FINANCING PROGRAMS

Financing is challenging in the start-up phase and remains a challenge throughout the life of a project. When dealing with integrated service programs, the GAINS Center found that programs that secure money from several sources and blend funds according to the specific needs of their localities have the best chance of carrying pilot programs into the mainstream and ultimately achieving their goals.

Key financial strategies include:

- Custom-blend funding sources
- Pick a funding leader
- Re-organize existing funds
- Develop an action plan
- Consider managed care roles

Funding Information on the World Wide Web

The Internet is a valuable tool to identify and learn more about funding opportunities. Many grant programs, state agencies, and foundations have Web pages, and several government agencies have sections that announce available funds and list descriptions and eligibility requirements. The following Web site addresses are good places to start:

- **Substance Abuse and Mental Health Services Administration—**
www.samhsa.gov.
- **U.S. Department of Justice—**www.usdoj.gov
Local Law Enforcement Block Grants—www.iir.com/grants/
- **National Institute of Health—**www.nih.gov/grants.html
- **The National Institute of Mental Health's Knowledge Exchange Network (KEN)—**www.mentalhealth.org
- **Robert Wood Johnson Foundation—**www.rwif.org/text.html
- **The Center on Crime, Communities & Culture—**
www.soros.org/crime
- **The Pew Charitable Trust—**www.pewtrusts.com

The Internet also has several databases, some of which are commercial, that have information about federal, foundation, corporate and private sponsorships. A few to check out are: the Catalog of Federal Domestic Assistance, Federal Information Exchange (FEDIX), the Sponsored Programs Information Network (SPIN), GrantsNet, and GrantsWeb.

Blended Funding In Action: Maryland Department of Health and Mental Hygiene Administration, Division of Special Populations

Piecing-together funds to deal with special populations is challenging, but some jurisdictions, such as the state of Maryland, are proving that it is not only possible, but extremely effective as well.

The Maryland Department of Health and Mental Hygiene, Division of Special Populations fosters the development of innovative programs for consumers of mental health services with special needs. This includes individuals with psychiatric disabilities who are homeless, are in jail and could be appropriately served in the community, have co-occurring substance abuse disorders, and/or are dependent on innovative programs. Included are prevention, residential, homelessness, detention centers and psychiatric hospitals, delivery of coordinated services for adults with special needs, research on the effectiveness of special services, and application of funding to support the provision of services for this population.

The Maryland Mental Hygiene Administration (MHA) has been particularly innovative in the funding area and has created an innovative network of funding to address the needs of this special population. In addition to identifying mental health and substance abuse specific funding sources, MHA also seeks resources to address housing and housing issues.

RESOURCES

Co-Occurring Mental Health and Substance Abuse Disorders

The National GAINS Center for People with Co-Occurring Disorders in the Justice System

Policy Research, Inc.
262 Delaware Avenue
Delmar, NY 12054
Phone: 518-439-7415
Fax: 518-439-7612
E-mail: gains@prainc.com
Web site: www.prainc.com/gains

Center for Mental Health Services Knowledge Exchange Network

P.O. Box 42490
Washington, DC 20015
Phone: 1-800-789-CMHS (2647)
Monday-Friday, 8:30 a.m. to 5 p.m. EST
Fax: 301-443-9006
E-mail: ken@mentalhealth.org
Web site: www.mentalhealth.org

Evaluation

InnoNet Toolbox

1001 Connecticut Avenue, NW, Suite #900
Washington, DC 20036
Phone: 202-728-0727
E-mail: Info@inetwork.org
Web site: www.inetwork.org

Office of the Assistant Secretary for Planning and Evaluation

Hubert H. Humphrey Building
200 Independence Avenue, SW, Rm. 415F
Washington, DC 20201
Phone: 202-690-8794
E-mail: aspeinfo@osaspe.dhhs.gov
Web site: <http://aspe.hhs.gov/>

Policy Research Associates, Inc.

262 Delaware Avenue
Delmar, NY 12054
Phone: 518-439-7415
Fax: 518-439-7612
E-mail: pra@prainc.com
Web site: www.prainc.com

Human Services Research Institute

2336 Massachusetts Avenue
Cambridge, MA 02140
Phone: 617-876-0426
Fax: 617-492-7401
Web site: www.hsri.org

General Information

The American Correctional Association

4380 Forbes Boulevard
Lanham, MD 20706-4322
Phone: 1-800-222-5646
Web site: www.corrections.com/aca/

The American Jail Association

2053 Day Road, Suite 100
Hagerstown, MD 21740
Phone: 301-790-3930
Fax: 301-790-2941
E-mail: jails@worldnet.att.net
Web site: www.corrections.com/aja/

The Corrections Connection

159 Burgin Parkway
Quincy, MA 02169
Phone: 617-471-4445
Fax: 617-770-3339
Web site: www.corrections.com/index.shtml

The United States Department of Justice

950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
Web site: www.usdoj.gov/

Juveniles

National Black Child Development Institute

1023 Fifteenth Street, NW, Suite 600
Washington, DC 20005
Phone: 202-387-1281
Web site: <http://www.nbcdi.org>

National Clearinghouse on Families and Youth

P.O. Box 13505
Silver Spring, MD 20911-3505
Phone: 301-608-8098
Fax: 301-608-8721
E-mail: Info@ncfy.com

National Information Center for Children and Youth with Disabilities

P.O. Box 1492
Washington, DC 20013
Phone: 1-800-695-0285
E-mail: nichcy@aetd.org
Web site: <http://www.nichcy.org>

Office of Juvenile Justice and Delinquency Prevention

Office of Justice Programs
U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20531
Phone: 202-307-5911
Web site: www.ncjrs.org/ojjdp

Juvenile Justice Clearinghouse

P.O. Box 6000
Rockville, MD 20849-8736
Phone: 800-638-8736
Fax: 301-519-5212

Youth Law Center

1325 G Street, NW, Suite 770
Washington, DC 20005
Phone: 202-637-0377
Fax: 202-347-0493

Policy

The Center on Crime, Communities & Culture

A Program of the Open Society Institute
400 West 59th Street, 3rd Floor
New York, NY 10019
Web site: www.soros.org/crime/cccc

The National Center on Institutions and Alternatives

3125 Mt. Vernon Avenue
Alexandria, VA 22305
Phone: 703-684-0373
Fax: 703-684-6037
E-mail: ncia@iga.apc.org
Web site: www.ncianet.org/ncia/index.html

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²Abram, K.M. and Teplin, L.A. 1991. "Co-occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy." *American Psychologist*, 46(10):1036-1045 and Teplin, L.A. "Personal Communication."

³Bureau of Justice Statistics. 1998. "Prison and Jail Inmates at Midyear 1997." Office of Justice Programs.

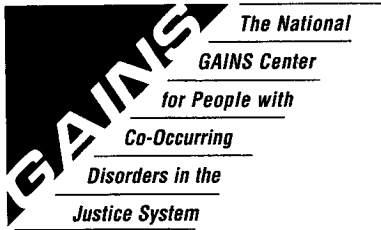
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⁵Steadman, H.J., McCarty, D.W. and Morrissey, J.P. 1989. "The Mentally Ill in Jail: Planning for Essential Services." New York: Guilford Press, 1989. Revision of "Developing Jail Mental Health Services: Practices and Principles." Washington, DC: USGPO, 1986.

⁶Steadman, H.J., Morris, S.M. and Dennis, D.L. 1995. "The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs." *American Journal of Public Health*, 85(12):1630-1635.

This publication is based on a four-part critical issues meeting series that focused on helping communities to identify more appropriate, effective, and humane methods to create treatment services for people with co-occurring mental health and substance abuse disorders in the justice system. Full elaboration on how the principles and strategies outlined in this executive summary can be used by your community are available in a full report, **"The Courage to Change: A Guide for Communities to Create Integrated Services for People with Co-Occurring Disorders in the Justice System."**

The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. Since its inception in 1996, the Center on Crime, Communities & Culture of the Open Society Institute has sought to promote dialogue on crime and critical public safety issues to chart a strategic course for social change. Through grant-making, research, communications and fellowships, the Center works to create a better understanding of and support for humane, effective responses to crime to enhance the safety of all communities, while preserving the values of an open, democratic society.



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